

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **K99743** (2)
1. Corporation Name
BLUE VILLAS ON BLUE LAKE, INC.

Principal Place of Business 3724 ALT HWY 27 S LAKE WALES FL 33853 US	Mailing Address 2724 ALT. HWY 27 S. LAKE WALES FL 33853 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 ROSS KRKLJUS Suite, Apt. #, etc. 27 16343 CONNENARA LA. City & State 28 SPRING HILL FL. Zip Country 29 34610 30 US		3. Date Incorporated or Qualified 06/30/1989	
24		25		4. FEI Number 59-2963311	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSS, KRKLJUS 1983 BOGGY CR RD KISSIMMEE FL 34744		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
---	--	---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	KRKLJUS, ROSS	1.2 NAME	ROSS KRKLJUS
STREET ADDRESS	1983 BOGGY CR RD	1.3 STREET ADDRESS	16343 CONNENARA LA.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	SPRING HILL, FL, 34610
TITLE	D	2.1 TITLE	
NAME	KRKLJUS, LOU	2.2 NAME	
STREET ADDRESS	5150 BOGGY CR RD, SR 15, 530	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T
NAME	KRKLJUS, MILA	3.2 NAME	MILA KRKLJUS
STREET ADDRESS	1983 BOGGY CR RD	3.3 STREET ADDRESS	16343 CONNENARA LA.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	SPRING HILL, FL, 34610
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Ross Krkljus

Feb. 11, 1998

CR2034 (10/97)